

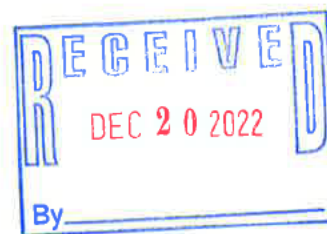
SIERRA COUNTY BOARD OF SUPERVISORS'
AGENDA TRANSMITTAL & RECORD OF PROCEEDINGS

MEETING DATE: 01/03/2023	TYPE OF AGENDA ITEM: <input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> CONSENT <input type="checkbox"/> TIMED
DEPARTMENT: Clerk of the Board APPROVING PARTY: Heather Foster, Clerk-Recorder PHONE NUMBER: 530-289-3295	SUPPORTIVE DOCUMENT ATTACHED: <input type="checkbox"/> RESOLUTION <input type="checkbox"/> MEMO <input type="checkbox"/> AGREEMENT OTHER <u>Letter and Certification Statement</u>
AGENDA ITEM: Sierra County Child Care Local Planning Council's (LPC) Certification Statement regarding composition of LPC membership.	
BACKGROUND INFORMATION:	
FUNDING SOURCE: GENERAL FUND IMPACT: NO	OTHER FUND: AMOUNT: \$ N/A
ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE OF EMPLOYEE <u>NONE</u>	IS THIS ITEM ALLOCATED IN THE BUDGET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SPACE BELOW FOR CLERK'S USE	
BOARD ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS AMENDED <input type="checkbox"/> ADOPTED <input type="checkbox"/> ADOPTED AS AMENDED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input type="checkbox"/> NO ACTION TAKEN	SET PUBLIC HEARING FOR: _____ DIRECTION TO: _____ REFERRED TO: _____ CONTINUED TO: _____ AUTHORIZATION GIVEN TO: _____
BOARD VOTE: AYES: _____ NOES: _____ ABSTAIN: _____ ABSENT: _____ BY CONSENSUS	RESOLUTION 2023-_____ AGREEMENT 2023-_____ ORDINANCE _____
COMMENTS:	

CLERK OF THE BOARD

DATE

Sierra County Child Care Council
P.O. Box 176
Sierra City, CA 96125
530-862-1450
sierrachildcare@att.net



12-15-22

Heather Foster
Clerk of the Board

Dear Heather,

Every year the LPC (Local Planning Council) submits the Certification Statement Regarding Composition of the LPC Membership to the State Dept. of Education. Since both the County Board of Supervisors and the County Superintendent of Schools both appoint members of the LPC, this statement requires signatures from both.

I am requesting that the Chairperson sign this document then return to me so that I can send to the County Superintendent of Schools. This is usually an item on the consent agenda.

If you have any questions, please call me.

Thank you for your attention on this document.

Sincerely,

Mary Wright
LPC Coordinator
P.O. Box 176
Sierra City, CA 96125
530-862-1450

**CERTIFICATION STATEMENT REGARDING COMPOSITION OF
LPC MEMBERSHIP**

Due Annually on March 15

Return to: lpc@dss.ca.gov

COUNTY NAME Sierra County	
COUNTY LPC COORDINATOR Mary Wright	COORDINATOR EMAIL sierrachildcare@att.net

Membership Categories:**20% Consumers** (Defined as a parent or person who receives, or who has received within the past 36 months, child care services.)

NAME OF REPRESENTATIVE Barbara O'Donnell	
ADDRESS P.O. Box 642, Downieville, CA 95936	PHONE NUMBER 530-289-3143
APPOINTMENT DATE 10/21/2014	APPOINTMENT DURATION 8 yrs
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

20% Child Care Providers (Defined as a person who provides child care services or represents persons who provide child care services.)

NAME OF REPRESENTATIVE Alicia Barney	
ADDRESS P.O. Box 1111, Loyalton, CA 96118	PHONE NUMBER 530-993-1288
APPOINTMENT DATE 10/30/2019	APPOINTMENT DURATION 4 Years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
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APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

20% Public Agency Representative (Defined as a person who represents a city, county, or local education agency.)

NAME OF REPRESENTATIVE Jessica Norman	
ADDRESS Truckee CA.99616	PHONE NUMBER 530-993-1288
APPOINTMENT DATE 4/2014	APPOINTMENT DURATION 8 years
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
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ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

20% Community Representative (Defined as a person who represents an agency or business that provides private funding for child care services, or who advocates for child care services through participation in civic or community-based organizations but is not a child care provider or CDE funded agency representative.)

NAME OF REPRESENTATIVE Laurie Marsh	
ADDRESS P.O. Box 7, Loyalton, Ca 96118	PHONE NUMBER 530-993-6745
APPOINTMENT DATE 10/03/2012	APPOINTMENT DURATION C55
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
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NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

20% Discretionary Appointees (Appointed from any of the above categories or outside of these categories at the discretion of the appointing agencies.)

NAME OF REPRESENTATIVE Louise Huebner	
ADDRESS P.O. Box 349, Sierra City, CA 96125	PHONE NUMBER 530-862-1004
APPOINTMENT DATE 1/08/2013	APPOINTMENT DURATION 1-08-2013 BOS
NAME OF REPRESENTATIVE	
ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION
NAME OF REPRESENTATIVE	
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ADDRESS	PHONE NUMBER
APPOINTMENT DATE	APPOINTMENT DURATION

Authorized Signatures

We hereby verify as the authorized representatives of the county board of supervisors (CBS), the county superintendent of schools (CSS), and the Local Child Care and Development Planning Council (LPC) chairperson that as of _____, the above identified individuals meet the council representation categories as mandated in AB 131 (Chapter 116, Statutes 2021; Welfare and Institutions Code Section 260). Further, the CBS, CSS, and LPC chairperson verify that a good faith effort has been made by the appointing agencies to ensure that the ethnic, racial, and geographic composition of the LPC is reflective of the population of the county.

Authorized Representative – County Board of Supervisors

SIGNATURE	DATE	PHONE NUMBER
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Authorized Representative – County Superintendent of Schools

SIGNATURE	DATE	PHONE NUMBER
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Local Child Care Planning Council Chairperson

SIGNATURE	DATE	PHONE NUMBER
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